

# Formality Review Claims Count Sheet

Date: / /

Case N.

AS FILED		AS FILED		AS FILED		AS FILED		AS FILED		AS FILED	
No.	Ind.	No.	Ind.	No.	Ind.	No.	Ind.	No.	Ind.	No.	Ind.
1	1	41		81		121		161			
2		1	42			122		162			
3		1	43			123		163			
4		1	44			124		164			
5		1	45			125		165			
6		1	46			126		166			
7			47			127		167			
8			48			128		168			
9			49			129		169			
10			50			130		170			
11			51			131		171			
12			52			132		172			
13			53			133		173			
14			54			134		174			
15			55			135		175			
16			56			136		176			
17			57			137		177			
18			58			138		178			
19			59			139		179			
20			60			140		180			
21			61			141		181			
22			62			142		182			
23			63			143		183			
24			64			144		184			
25			65			145		185			
26			66			146		186			
27			67			147		187			
28			68			148		188			
29			69			149		189			
30			70			150		190			
31			71			151		191			
32			72			152		192			
33			73			153		193			
34			74			154		194			
35			75			155		195			
36			76			156		196			
37			77			157		197			
38			78			158		198			
39			79			159		199			
40			80			160		200			
T. Ind.	1		T. Ind.			T. Ind.		T. Ind.		T. Ind.	
T. Dep.	5		T. Dep.			T. Dep.		T. Dep.		T. Dep.	
Total	6		Total			Total		Total		Total	